

State of Nebraska

ATHLETIC COMMISSION

1313 Farnam Street

Omaha, NE 68102

APPROVED _____

DENIED _____

LICENSE# _____

FEE _____

COM REPS INIT _____

APPLICATION FOR MATCHMAKERS LICENSE

☐ Professional Boxing

☐ Amateur MMA

☐ Professional MMA

☐ Professional Wrestling

Name: _____ DOB: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone/Cell #: _____ E-mail Address: _____

For the purposes of complying with Neb. Rev. Stat §§ 4-108 through 4-114, I attest as follows, and I understand that this information may be used to verify my lawful presence in the United States.

I am a citizen of the United States

I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

Qualifications (Give a brief summary of Boxing, Wrestling, or MMA experience that qualifies you for this license)

I certify that I have read, understand and agree to comply with the Laws, Rules and Regulations for the Government of Boxing, Wrestling and Mixed Martial Arts in Nebraska and will not participate in an event for which a License or Permit has not been granted by the State Athletic Commission.

Signature of Applicant: _____ Date: _____

STATE OF NEBRASKA)
) SS.

COUNTY OF _____)

_____ being duly sworn states that he/she is an official of the above named Licensed Club or Organization and as such is authorized to make this statement; that he/she has read the foregoing statement, knows the content thereof, and that the same is true to the best of his/her knowledge.

Sworn before me this _____ day of _____, 20____.

(SEAL)

(NOTARY PUBLIC)